

## My Privacy Options

If you would like to limit the personal information that your Financial Advisor can disclose or take with him or her to another financial services firm upon the termination of his or her relationship with Triad Advisors, Inc., please complete and mail the following form to:

Triad Advisors, Inc.  
Attn: Compliance Department  
5185 Peachtree Parkway, Suite 280  
Norcross, GA 30092

\_\_\_\_\_  
Initials      *I do not want my personal information disclosed to another brokerage or investment advisory firm upon my Financial Advisor terminating his or her relationship with Triad Advisors.*

**If you want to follow your Financial Advisor to a New Financial Institution when your registered representative/advisor terminates its relationship with Triad, please do not send in this My Privacy Options form.**

In order for your opt-out election to be effective, you must complete the following information including the signature and date lines.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
Account Number or SSN: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
Account Number or SSN: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_